



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 12, 2012

Deacon Gary Griffin, Administrator
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Provider #: 0138

Dear Deacon Griffin:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 31, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



MAR -5 12

PRINTED: 02/07/2012
FORM APPROVEDLicensing and
Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2012
NAME OF PROVIDER OR SUPPLIER LORETTO HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 01/31/12. The following are Residential Care Home Licensing regulatory findings.	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RN (Registered Nurse) failed to assure the development of a complete plan of care for 1 of 2 applicable residents in the survey sample (Resident #1). Findings include: 1. Per record review on 01/31/12, Resident #1 was identified through the assessment dated 04/08/11 of resisting care and has less than daily physical and verbally abusive behaviors. Per review of the written plan of care, there was no specific care plan for the Resident's behaviors. Per review of the nursing notes, several behaviors were noted. On 4/17/11- 'agitation'; 5/30/11- started yelling and lifting his/her arms, very agitated; 8/1/11- resident upset at lunch, redirected several times; 9/13/11- agitated during supper, staff had to remove from dining room and bring back upstairs; 11/22/11 - resident exit	R145	Loretto Home will assure that written Care Plans will be in place for each resident as needed.		

Division of Licensing and Protection

Deacon Sony Griffin
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

administrator

(X6) DATE

2-29-12

STATE FORM

6899

MF1M11

If continuation sheet 1 of 5

PNC

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R145	Continued From page 1 seeking during meal, staff unable to get resident to sit back down, became very agitated and physically abusive towards staff, and on 11/23/11-very combative, s/he was pushing care staff and other female resident, staff tried to redirect the resident but the resident got verbally abusive. Per the PACE program notes, on 4/15/11 Resident #1 '...at times gets upset w/ other res on unit and will be verbally abusive but e-z re-directed' and on 4/29/11 'has occ behaviors of agitation usually from frustration w/ other residents on unit, usually redirectable occ may need to walk res away from other, give a task he will forget about issue...'. Per interview at 5:15 PM, staff said that they "try to re-direct but there's no specific care plan". In addition, the care plan for urinary incontinence lists the medication Detrol as being administered, but was discontinued in March 2011. Per interview at 5:45 PM, the Administrator and DNS (Director of Nursing Services) confirmed there was no specific care plan for the resident's behaviors and the care plan was not revised to reflect the current status of the medication that was discontinued.	R145	The Director of Nursing will review the findings with the staff and provide additional training on what is needed to assure that proper written Care Plans are in place to address specific behaviors. in the case of resident #1 there will be a complete review of his Care Plan by the DON and any needed changes will be made. The LPN's will assure that in their reviews of Charts they will be particularly sensitive to behavioral addition that may require Written Care Plan. R145 POC accepted 3/9/12 SEMINARIAN PMC/ARN	2/20/12	
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications,	R171	Loretto Home will assure that documentation is sufficient to assure that the medication regimen as ordered is appropriate and effective.		

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R171	<p>Continued From page 2</p> <p>including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to document the effects of PRN (as needed) medications for 1 applicable resident in the sample. (Resident #2) Findings include:</p> <p>1. Per record review and confirmed in an interview with the Director of Nursing (DNS) on 01/31/12, it was noted that Resident #2 received PRN psychoactive medications for which there is no consistent documentation as to the effects. Per the medication administration record (MAR), Lorazepam 0.5 mg tab was administered on 04/14/11 for increased agitation and on 04/17/11 at Noon, however, there was no documentation noting the monitoring of the results or efficacy. Per the care plan dated 04/20/10 for problem #3 - agitation, it directs staff to note efficacy and side effects. In addition, per the PRN Psychoactive Criteria Sheet states 'always write in chart the time of, reason for and specific results of medication use!'. Per interview at 4:36 PM, the DNS confirmed that the results and/or efficacy were not noted in the resident's chart.</p>	R171	<p>Documentation of efficacy was missed on a PRN psychoactive medication that was given to resident #2.</p> <p>The DON will provide an in-service for all personnel qualified to give medications. They will be given a refresher course on the importance of monitoring and documenting the effectiveness of PRN medication appropriately.</p> <p>The training will be documented and training record will be entered into the tracking system. In addition spot checks will be made by the LPN's and DON to assure the correct practice is being followed.</p> <p><i>R171 POC accepted 3/4/12 Sammamkent @medapn</i></p>	3/15/2012

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R213 R213 SS=D	<p>Continued From page 3</p> <p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to recognize resident's privacy and dignity on the special care unit. Findings include:</p> <p>1. Per observation on 01/31/12 at 2:00 PM of the 3rd floor special dementia unit, which currently has 8 residents, a mix of male and female, there is 1 bathroom with no outside door from the hallway and 2 stall doors which do not have latches [to lock]. Per interview at the time of observation, staff stated that they can't have locks on the stall doors as the dementia residents could get trapped inside the stalls. Per observation at 5:30 PM, a female resident went into the bathroom and a male resident started to wander in, the female resident yelled 'go' and the staff member called the male resident out of the bathroom. The nurse surveyor asked staff if the residents mind sharing the same bathroom and was told that one of the female residents does scream when the males enter. S/he said this has happened before. Per interview at 5:30 PM the Administrator confirmed there is no outside door or locks for safety reasons but tries to afford as much privacy as possible by having staff re-direct wandering residents.</p>	R213 R213	<p>The Loretto Home will assure that each resident is treated with respect & dignity and their privacy is respected. I reviewed the</p> <p>I reviewed the proposal presented to the State and approve by the State reflects the current configuration of the bathroom with two walled stalls and a separate shower room.</p> <p>Based on the nature of the residents on the Special Needs Floor it would not be advisable or safe to have locks on the doors themselves as was pointed out. It should also be noted that there was no compromise of modesty where the person was viewed in a state of undress or using the toilet itself. Also note that the majority of the third floor residents are assisted in this regard and staff is present with them.</p> <p>The possibility of this event occurring is minimized by having a staff person on the floor at all times but it is not a 100% assurance that it will never occur nor can it be.</p> <p>The Administrator met with the third floor staff to make them aware of the concerns. Based on the event that occurred the third floor personnel have been told to contact the nurses' station for additional help in the event they are unable to monitor the hall way traffic or in the event of multiple residents requiring attention.</p> <p><i>RA13 POC accepted 3/9/12 Seminous R/L Pinares</i></p>	2/10/2012

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